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APPLICANTS

Gerald D. Eckstein, Batesville, IN;
 David W. Hornbach, Brookville, IN;
 Jeffrey A. Moster, Cincinnati, OH;

** CONTINUING DATA *****
 This application is a CON of 09/311,466 05/13/1999 PAT 6,352,240
verified EK 8 AUG 2004

** FOREIGN APPLICATIONS *****
none EK 8 AUG 2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance *EK*

Verified and Acknowledged *Examiner's Signature* *Initials*

ADDRESS

Bose McKinney & Evans LLP
 Intellectual Property Group
 2700 First Indiana Plaza
 135 North Pennsylvania Street
 Indianapolis, IN
 46204

TITLE

Hydraulic control apparatus for a hospital bed

FILING FEE RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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